

VETERANS & SENIORS COMMITTEE

Of the

Suffolk County Legislature

Minutes

A regular meeting of the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on February 2, 2006.

Members Present:

Legislator Steve Stern • Chairperson
Legislator Jack Eddington • Vice•Chair
Legislator Cameron Alden
Legislator John Kennedy
Legislator Elie Mystal

Also In Attendance:

Ian Barry • Assistant Counsel to the Legislature
Debbie Harris • Aide to Legislator Stern
Tom Ronayne • Director/Suffolk County Veteran's Service Agency
Sue Hardy • Director/Town of Huntington Senior's Division
Aurea MacKey • Senior Citizen Assistant/Town of Huntington
Paul Arfin • Chairman/Commission on Creative Retirement
Karen Borstein • Associate Executive Director/Family Service League
Will Stoner • Associate State Director/AARP
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 2:42 P.M.*)

CHAIRMAN STERN:

Okay, you ready to go? The committee on Veterans & Seniors will come to order. I would ask Mr. Vice•Chairman, Jack Eddington, to lead us in the Pledge of Allegiance.

Salutation

I'd like to ask everybody to remain standing for just a moment to take a moment of silence. Our thoughts and prayers go out to our very brave, young men and women who are serving our country overseas.

Moment of Silence Observed.

Thank you. I'm sure as everybody knows, we are way behind today, so I'm going to try and do my best to move us along. I do not have any yellow cards, so we're going to go past the public portion and •• we do have some speakers, I'm looking forward to welcoming so many wonderful professionals in the field of aging and veterans with us today, but first we have a resolution.

Introductory Resolutions

1133•06 • Approving the appointment of Christine Shiebler

as a member of the Senior Citizens Advisory Board. Christine, you're here with us today?

MS. SHIEBLER:

Yes.

CHAIRMAN STERN:

Okay. I'd ask to this out of order so we can speak with Christine and get her on her way.

MS. SHIEBLER:

Thank you. Good afternoon.

CHAIRMAN STERN:

Welcome. Actually this is I guess a little bitter sweet for me ••

MS. SHIEBLER:

Sure.

CHAIRMAN STERN:

•• because we come upon this resolution because of the seat that I occupy today, and unfortunately I had to step down, I had to resign my position on the Senior Citizens Advisory Board, but I'm looking forward to welcoming you as a part of it.

Questions, anybody? Maybe you can just take two •• one minute to tell us a little bit about yourself and maybe some ideas that you might have that you may bring with you to the advisory board.

MS. SHIEBLER:

I am an attorney, I have been practicing in Suffolk County for 12 years. I have ••

MS. BRAATEN:

I'm sorry, check the mike.

MS. SHIEBLER:

I am an attorney in Suffolk County, I've been practicing in Commack for almost 12 years now. I am a lifelong resident of Suffolk County. I practice in the areas of trust and estates in elder law. I, of course, am involved in the elder law field in Suffolk County in a very interesting time. We have a lot of things going on and I do see a broad spectrum of the population and their concerns and the realities of growing old in an area like Suffolk County brings with it unique concerns, and I think that all of these experiences will bode well for my participation on the board.

CHAIRMAN STERN:

Very good. Legislator Alden?

LEG. ALDEN:

Hi. Thanks for coming down and thanks for basically as a volunteer position.

MS. SHIEBLER:

Yes.

LEG. ALDEN:

Do you have the time to put in?

MS. SHIEBLER:

Yes, I do.

LEG. ALDEN:

Great. We don't have a requirement then that you have to be a certain age to be on the Senior Citizen Advisory Board?

MS. SHIEBLER:

Well, thank you for that comment.

LEG. ALDEN:

Oh no, you're not going to turn around and tell me you qualify as a

senior citizen now.

CHAIRMAN STERN:

Well, I know that the makeup of the advisory board, I'm told and I've seen, gets younger and younger all the time and I think that's a good thing because it brings fresh blood and new perspectives. And of course we all know that an aging population is an issue that we're all going to have to deal with at all levels of government, across the entire spectrum of our society and our economic base and it's great to see somebody from the private sector who represents seniors, the disabled and their families bring your perspective to the advisory board.

LEG. ALDEN:

Well, we senior citizens appreciate that; right, Elie?

LEG. MYSTAL:

We definitely do.

CHAIRMAN STERN:

Yes, we'll take a motion.

LEG. MYSTAL:

Motion to approve.

CHAIRMAN STERN:

Second?

LEG. ALDEN:

Second.

CHAIRMAN STERN:

Legislator Alden. All in favor? Any opposed? Any abstentions? Very good. Thanks so much. **Approved (VOTE: 4•0•0•1 Not Present: Legislator Kennedy).**

LEG. MYSTAL:

Thank you.

LEG. EDDINGTON:

Congratulations.

MS. SHIEBLER:

Well, thank you very much for your time.

CHAIRMAN STERN:

Okay. Next on our agenda this afternoon is welcoming Paul Arfin Chairman of the Commission on Creative Retirement. I know that Mr. Arfin has time constraints, he's going to take us through a presentation pretty quickly.

MR. ARFIN:

Yeah, this is an update.

CHAIRMAN STERN:

And I think •• Elie, Have you seen the presentation before?
Cameron, have you seen Mr. Arfin's presentation before?

LEG. ALDEN:

I haven't.

LEG. MYSTAL:

I don't think I've seen it, no.

CHAIRMAN STERN:

Okay.

MR. ARFIN:

This is an update, Cameron.

LEG. MYSTAL:

An update; yeah, I've seen this before.

CHAIRMAN STERN:

Yeah. So really what we're going to ask Mr. Arfin to do is bring us up•to•date on all the good work that the commission has been doing and what, if anything, has been done in implementing many of their wonderful proposals.

MR. ARFIN:

Thank you. I would like to introduce Karen Borstein ••

LEG. ALDEN:

Use the microphone.

MR. ARFIN:

I'm sorry. Karen Borstein has joined me here, she's the Associate Executive Director of Family Service League and a colleague in the work we're doing. I also briefly mention that one of the Associate Executive Directors of AARP in New York State, Will Stoner is in the audience somewhere, or he walked out a second ago.

But very, very briefly, almost two years ago the County Executive created a Commission on Creative Retirement. For about a year, about 15 folks on the commission met and took a look at •• kind of raised the question, what should Suffolk County do to prepare for its aging population and growing number of retirees? So what I have before you, I eliminated, you know, the background data and whatever and basically we came up with 14 recommendations and out of the 14 recommendations, we picked five areas to concentrate on over the last six months.

So what I'm going to do is just highlight •• oops, I went the wrong way. Okay, no, that's right. Merrill Lynch, December, last December of 2005, did a national study of over 3,300 older people, baby boomers, and basically said, "What do you look forward to in retirement?" Seventy•six percent of boomers said they plan to work, they plan to work. They look forward •• I qualify it; they look forward to working. Forty•two percent said they look forward to volunteering. National study, And it just corroborates other national studies in the last year.

So one of our efforts is that we feel that the County should put time and effort into making it easier and encouraging older people who want to work; if that 76% holds true, that's a lot of folks that want to continue working. Now, some of them can naturally stay where they are and work in their jobs, but there are many issues involved in connecting older people with work in areas of discrimination and other kinds of things.

So one of our recommendations is that the Department of Labor expand its capacity to help older people find work. And I •• and there's a very interesting statistic that came out of the Department of Labor, because we asked them to give us a breakdown, a utilization breakdown by age and they gave that to us. For the 18 month period ending the end of the last fiscal year, 2.7% of those who made inquiries or registered were over the age of 65, 2.7%. Now, understandably, some •• you know, a lot of older people don't want to work, but we think that number is kind of low, and especially in light of the research that says more and more people want to work.

So we're asking the Legislature to consider investing some money in one way or another, whether it's through the Department of Labor or through Workforce Development or however it happens, into helping the County to help its older adult employees who want to work to find and secure the work that they want to do. There's a lot of •• it's just not simply sending them to a website, you know, where the jobs are available, Some of them don't know how to write a resume, don't know how to put their best foot forward because, you know, they were in one career and now they're switching to another career, there's a lot of research on this that documents. They don't have computer skills so they need training, job preparation, stuff like that. And So •• I think that it would be a strong investment of the County in its economy, we need more and more older people to continue to work to offset the younger people who are leaving, because we have to maintain that ratio of people in the workforce to those who are leaving the workforce because

they're dependent on their children, you know, or the frail elderly, etcetera.

So that's one of our major recommendations and a very practical thing that we would ask this committee to discuss. I have a lot of research on this, I'd be happy to share it with you in any way. But the •• and I'll just finish this part of my comment with a statement that one of the first things that the departments of labor said to us when we met with them was, "We're the best kept secret in County government," quote/unquote. It is completely funded by Federal dollars. There's no County tax dollars in that program, to the best of my knowledge. And to me •• and I did a calculation on very, very modest kinds of •• if there were a thousand new older people over the age of 55 who through successful marketing efforts, got involved working 30 weeks a year at approximately 15 hours a week •• because people generally don't want to work full•time, they want to work part•time •• at \$20 an hour, you know, a reasonable, you know, if not modest hourly rate through their work, that's about \$5 million in economic productivity. So, again, I ask this committee to consider this proposal.

I mentioned the stuff. We also feel this is very important, that employers need help in establishing guidelines and how to effectively differently hire, retain and train older workers and assist middle age workers and older workers to develop life plans and provide incentives to employers to hire and retrain older workers. AARP has a Best Practices Program and every year they give awards to companies that are doing things successfully to attract and retain older workers. So we think that this is another part of what needs to happen.

We are working with AME and CSEA and the Civil Service Department to establish preretirement seminars for County employees. You know, in the five years before they retire to give them an opportunity not just to learn about their pension benefits and their health benefits, but to help them think through a simple question; what do I want to do with the rest of my life? When

should I retire? Where do I want to live? And, you know, what's this going to be like in my marriage, you know, when I have all this time? Is hitting a white ball around for the next 30 years what I really want to do? So we have a buy•in from the unions and Civil Service and we're •• we've developed a curriculum, you know, and we're looking that this become incorporated and eventually disseminated to public and private employers, you know, and unions who would like to do this as well. It's an opportunity to tap into volunteerism, to say to the pre•retiree, "You know, the Long Island Mentoring Partnership needs mentors," etcetera, etcetera, etcetera. And also tell them about job opportunities.

Okay, I'm just go going to breeze through. Volunteerism; I'm not going to talk about that, We're working on that. A Very interesting effort, we're working with the United Way of Long Island and Suffolk Community Council in that area. Volunteerism, let me jump a little further.

Public policy. I gave you a handout and we believe •• we would ask this committee to consider some support for Home Share Long Island, a program that was launched three months ago and has hit the ground running. We've made our first matches between older adult homeowners who need money or companionship or some combination of the two in order for them to be able to stay in their home, in their neighborhood and matching them with younger people who can't find rental housing that they can afford.

Very simply put, the •• what we're finding is the average request for rent is \$500 a month, that's five hundred to a thousand dollars savings to the woman who works in Grand Union, you know, and can't afford the market rate rent for her to live in existing housing stock. I would just parenthetically say chances are Home Share Long Island will provide more housing in the next 12 months than the Yaphank project or anything else, you know, that's on the agenda.

Grumman invited us to come to their housing fair. Why? They have

200 employees who are living at home with their parents because they can't move away, they can't afford it. So we're making our matches.

Karen •• we've hired staff, we've increased the staff to one full•time equipment •• equivalent, but we can't keep up with the calls. And I want •• you know, from a business perspective, you know, we want to catch the wave. The people are calling and we're not able to keep up with the calls that are coming in. So we're building up an inventory, we now have about three dozen homeowners who are looking for matches, but the complication is some of the •• some of the sharers don't have transportation so they need a home on a transportation route, or they have a pet and the homeowner doesn't want a pet or they smoke and the homeowner doesn't want a smoker. So you've got to, you know, do the proper matching so it's not as simple as the first call comes in, it's a homeowner, the next call is a home seeker and boom, you know, you do it. Karen wants just to say something.

MS. BORSTEIN:

Thank you, Paul. At Family Service League, we are absolutely delighted that Paul brought this program to us, because for us it really helped to meet two urgent needs here in Suffolk County; one is the issue of affordable housing and the other is to help seniors age in place and stay in their home. And As Paul said, you know, too many young people are leaving Suffolk County, they can't afford to stay here, and seniors who are on fixed incomes can't afford to stay there unless they're getting assistance. So this program really, it's so •• it seems like so simplistic in concept, but it has an enormous, enormous effect.

And what we do, as Paul said, we simply match seniors with younger adults; seniors in this case is anyone over age 60 and a younger adult is anyone over age 18 who has an income. And it's across the County that we've been doing it, as Paul said, since the middle of September, we've had well over 200 calls equally from home seekers and homeowners, from all walks of life.

We've made two matches successfully so far. Our first match was an 82 year old woman in Huntington with a 45 year old pilot who had been living •• relocated here from another state and was paying about 14, \$1,500 a month and he said, "I just can't do this any longer." He saw our ads and then came forward, we made the match.

We do criminal background checks on both homeowner and home seeker.

The ultimate decision to go to that match, to make that match is between homeowner and home seeker. We bring them together after a series of interviews and application process and the background checks and then they themselves decide, "Okay, we're a good match. You know, this will be a workable situation."

MR. ARFIN:

Just trying it out.

MS. BORSTEIN:

And they meet together four or five times and then go forward with it. And all the arrangements, you know, do's and don'ts are between the homeowner and home seeker.

It's a wonderful, wonderful concept and we've had such wonderful response from Suffolk County communities in bringing this program that we know it's going to be successful. The money initially came, some seed money from Islip Town, and Paul had •• Paul had also gotten some additional funding in the 2006 County budget from a number of the Legislators who put in for that. So with this seed money we've hired, you know, one part•time person, we don't have a full•time person yet, but we simply can't keep up with the calls. I mean, she's out there across the County doing this work. So it's wonderful that we're getting the response, we think it's making a great impact and we really feel it's a great demonstration project and we're grateful that the Legislature for 2006 going forward has helped to spearhead this with us. Thank you.

MR. ARFIN:

Just in that regard, three Legislators supported •• I mean, ultimately the full Legislature approved a \$15,000 grant towards this purpose. We've raised \$110,000 in both counties, you know, because another agency is sponsoring the program in Nassau County, so we've received over 400 calls Long Island wide. So the signals are very, very, you know, positive in a short period of time without even hitting the ground and going to the churches and going to, you know, the service clubs, etcetera, etcetera. This is based upon, you know, favorable •• what do you call them, editorials in Newsday and in News 12 Long Island and some of those other, you know, mass publicity we've done.

We expect •• in Atlanta, Georgia there is a program that's been there for 20 years, it has 435 matches and they keep that caseload consistent, so there's no reason why we can't do that eventually over the years. That's 435 homes that don't need to be built, that's 870 people who we found housing for.

Most of the money we've raised is private money, foundations, you know, and the Community Development a little bit. So what we're •
• so to put it in very concrete terms, let me put it on the table, is that we would ask you to consider supporting a grant for one full •time equivalent, in round numbers \$50,000, to help make happen what could be 40 or 50 matches over the next 12 months. So that's the kind of bottom line piece here, is we did receive \$15,000 and that is helping us, you know, to move •• to start this thing, but we think that this is a sound investment in keeping young people in the workforce and keeping older people in their homes.

The last thing that I just want to touch on is one of our public policy issues is a major issue having to do with the growing population that needs to live in nursing homes and assisted living or get home health care and who is the direct care provider, the home care worker, the personal care aid, etcetera. So what we've done, and we had a wonderful meeting yesterday, the head of Continuing

Education at Suffolk Community College and representatives of Local 1199 SEIU, and we have conceptualized a proposal to move toward and seek some private funding that will provide a career path for these people, that should that this has happened in other parts of the country where money isn't everything to everybody. It's not the complete bottom line, you know, where these people deserve better pay but on the other hand, you know, whether we like it or not, you know, conditions don't permit them to get the salaries that they deserve.

Well, treating people with dignity and saying, "Listen, you can get a college education. And if you complete the certificate course, you can get a \$500 bonus and your employer is going to give you the time off to take this course to get a college education," that's where we're headed. And this is without any •• we're not asking for any County money or whatever, but I just •• so I just mention these three things that this commission is kind of acting as a catalyst to. And so I just wanted to update if you wanted. There's a number of other things and I'd like to come back as time goes on and share them with you, but I did want to put these three things on the table.

CHAIRMAN STERN:

Paul, thanks so much. I know we're going to have questions. Let me •• I'm intrigued by the Home Share Program, it's something that I strongly support, obviously the time has come and I think we should absolutely be taking a leadership position on that.

You had mentioned before that the average rent is about \$500 a month.

MR. ARFIN:

Yeah.

CHAIRMAN STERN:

Is that a •• is that a specific cap, could it be more, could be it much more; how do you see that going?

MR. ARFIN:

No, no, no, it's negotiable. It could be that the homeowner says, "Listen, I don't need the money. I'm lonely, I'll feel safer living in my home. Pay me \$200 a month and drive me to the doctor twice a month"; it's all up to them. So the range has been 300 to 700, okay, and then if somebody says, "I want fifteen hundred bucks," this is not the program for them, this is not •• you know, this is different. So it's usually a mixture of companionship or money and the specific amount we don't put on the table. You know, unless the homeowner says, "You know, what are other people asking?", you know, and we'll say, "well, the average has been 500," but that's up to them.

CHAIRMAN STERN:

And I know you don't get involved in the negotiations and ultimately the agreement between the parties, but are there any bear minimum requirements for some kind of a lease? Does it have to be a written lease, does it have to be for a period of time, can it be no less than twelve months?

MR. ARFIN:

We give them a draft agreement which, in effect, is like a lease, a draft agreement that they can use or not use. We also give them a list of questions to ask one another, okay? Where is storage? Do I have the first two shelves in the refrigerator, do you get the bottom two? You know, where do I park my car? All those details, you know, we encourage them to spell out.

MS. BORSTEIN:

And the other benefit in being involved with a not•for•profit family service organization is that they can •• we monitor them, we call, check in, how are you doing, get updates, and should there be a problem we will help to mediate that if there is an issue and also offer whatever other services are available that they may need.

MR. ARFIN:

And that includes should the •• should it break down. You know, some of them are going to break down, you know, or somebody dies, somebody moves away, there's a dispute they call Family Service, "I need another homeowner, I need another home sharer." So it's very different than in a traditional landlord/tenant relationship where you've got to go back to the Penny Saver or to Newsday and place an ad. And how many people in Newsday or Penny Saver looking for rentals go under criminal background checks? So people both right up front have to agree to do this and know that we're going to contact their priest, you know, their rabbi, we're going to call their former employers because we want to be able to say to everybody, you know, "We've done due diligence and that this person who's going to move in to your house has a history of stable employment. You can count on the rent." So we've really •• we brought the Atlanta Director up here twice to pick her brain, you know, we're learning from their experiences.

CHAIRMAN STERN:

And right now how is the program publicized?

MR. ARFIN:

Well, we're doing face to face. I made a presentation last night to a group of senior citizens in Bellport, another worker went to Middle Island I think last night. And then, again, Newsday, cable television, we just did a news ••

MS. BORSTEIN:

WLIW.

MR. ARFIN:

WLIW.

MS. BORSTEIN:

We really do, we're really very diligent about marketing it continually. But again, we have one half•time employee doing this who goes to senior centers, goes to PTA's, goes to libraries, we do

television interviews, editorials have been written in Newsday, other articles in the papers, we send out press releases continually.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

I'm sure you were going there, too, but I'll just go one step further. You might want to contact the Suffolk County Bar Association ••

MS. BORSTEIN:

We have.

LEG. ALDEN:

•• Or Touro Law School, because Touro Law School has an Elder Law Program and you guys are border line as far as giving legal advice and I think that's where the Chairman was going a little bit. So you just •• you have to watch out.

MR. ARFIN:

Well ••

LEG. ALDEN:

I'm glad to hear that you do the background checks. And Karen, did you talk •• was it the CDA that you got the grant from or was it the ••

MR. ARFIN:

Town of Islip.

MS. BORSTEIN:

Town of Islip CD.

LEG. ALDEN:

Through the Community Development Agency?

MS. BORSTEIN:

Uh•huh.

LEG. ALDEN:

So through Paul Fink?

MS. BORSTEIN:

Correct.

LEG. ALDEN:

Okay. I hate putting this on the record, but did he address the problem of possibly rental permits or you don't feel you need that?

MR. ARFIN:

Oh, yeah. No.

KAREN:

We absolutely don't.

MR. ARFIN:

We checked with all thirteen townships on Long Island, according to existing ordinances, zoning laws, two or more unrelated parties can live in the same single family dwelling as long as they share the same kitchen and the same utility box.

LEG. ALDEN:

Right. The part that spins it a little bit, you know, from probably a town attorney's point of view would be when the rent is exchanged, but ••

MR. ARFIN:

No, not an issue.

LEG. ALDEN:

Good.

MR. ARFIN:

And we had our attorneys look at because, you know, from an

agency, what is their liability? So we've had three attorneys, you know, feel a level of comfort that Family Service League's name is on this.

LEG. ALDEN:

Good. Now, did you get any sense from •• who was the woman down south that's running the program?

MS. BORSTEIN:

Rita Zaydorf in Atlanta.

MR. ARFIN:

In Atlanta, yeah.

LEG. ALDEN:

Yeah, because they've been up and running, you mentioned there were hundreds of matches made down there; how many? Do you have lawsuits, do you have landlord/tenant ••

MR. ARFIN:

No. Good •• that was •• when we brought her up here, the boards asked her that question, she said, "Paul, you're bringing up issues that don't exist. We've never gone to court, we've never been sued, we're never a party to a liability."

LEG. ALDEN:

Maybe the south has more hospitality, but up here we notice that there's a few lawsuits.

MR. ARFIN:

Yeah. Well, no, no, I hear what you're saying and only time will tell. You know, is there something about the New York metropolitan area? I don't know.

LEG. ALDEN:

There's something, they like to be in court.

MR. ARFIN:

Yeah, litigious, whatever.

CHAIRMAN STERN:

Ms. Borstein, thank you for coming today and to the Family Service League for all the good work that you do.

MS. BORSTEIN:

Thank you.

CHAIRMAN STERN:

Mr. Arfin, thanks so much for joining us. And we'll look forward to continuing good works from the commission.

MR. ARFIN:

Thank you.

CHAIRMAN STERN:

Next on our agenda is our welcome to Sue Hardy, Director of Town of Huntington's Senior Division.

MS. HARDY:

Good afternoon.

CHAIRMAN STERN:

Good afternoon and welcome.

MS. HARDY:

Thank you. Thank you so very much for inviting me today, Legislator Stern. Actually, just if it would help in expediting everything, can I invite up our social worker and senior citizen assistant at the same time?

CHAIRMAN STERN:

Sure, come on up.

MS. HARDY:

Then maybe we could have •• Aurea MacKay. We're today for sure low tech, we don't have •• we just have a handout of our monthly publication to give you an idea of the different things that we do have going on in the Town of Huntington. And again, I thank you so much for this opportunity.

The Senior Citizens Division in the town is part of the Human Service Department. While as the town directly provides numerous services to the senior residents, our governing body, the Suffolk County Office for the Aging, they fund many of our programs and they monitor that what we're doing is executed according to the regulations. The following •• and I apologize, it might be a little laundry list, but it's just to give you a sense of what •• how many residents of the Town of Huntington seniors really benefit from the valuable programs. This is an overview of what services we provide through the funding we receive from Suffolk County Office for the Aging.

Our largest funded program is our Nutrition Program, and last year we served almost 61,000 meals, 20,000 of those meals went to home delivered programs and that's for people who really can't get out on their own and can't get into the community to shop or to make their own meals.

Smaller but vitally important programs are our Residential Repair Program, we had approximately 19,000 service hours for approximately 545 work orders that served over 200 of our seniors. Our EIHSEP Program, Expanded In•Home Services for the Elderly Program, along with our Community Services for the Elderly Program, we had 4,000 service hours for about 58 seniors. Included in the CSE, the Community Services for the Elderly, is our Caregiver Program for which we provided 200 service hours for about 100 caregivers. I couldn't overstate the value of that program, we have

so many caregivers and Aurea as our coordinator for that program. She could give you some anecdotal examples of how people come in and they're just so overwhelmed you don't think they're going to make it really through the support group.

We just recently received a new grant for our Adult Day•Care Program in the respite component of it. We haven't started implementing that yet, but we do very much look forward to it. Over the years we've also received one•time grants from the County to purchase items that assist us in daily operations of providing services for the seniors; for example, vans, furniture, computers.

A longstanding program that is a tremendous support for an our day •to•day operations is the Title V Worker Program. We've been very fortunate to receive competent and productive workers from Suffolk County Office for the Aging; These workers really help to pick up the additional work that these very valuable programs often generate.

The town's experience working with Suffolk County Office for the Aging has always been and continues to be very positive. During our regular communications, it's apparent to me that both agencies have a genuine interest in providing great quality of service. Suffolk County and the town are both mindful of the changing needs of the increasing senior population and we all make very great efforts to stay ahead of the demands.

In addition to these programs that are partially funded by the County, the Town of Huntington offers a large array of activities through the Senior Division. Huntington's 16 clubs that meet in various locations throughout the entire town meet a once a week and comprise of approximately 1,500 senior members. Our main center located at the John J. Flanagan Activity Center sees in the neighborhood of about 200 people a day walk three its doors, some for lunch, some for activities such as tai chi, bridge and computer classes, etcetera. The satellite center, also for nutrition, located in _St. Hue of Lincoln_ also serves lunch and offers daily programming.

Huntington is privileged to have its own Senior Citizen Beach House, it's located on Little Neck Road in Centerport. The seniors often refer to this extremely unique and beautiful facility as their vacation getaway. The beach house is utilized all year long. Fall and winter we have a variety of classes there during the summer months, it's open to public to come and go as they please. We never have less than a hundred people a day on site and many days it's up to 200 seniors.

Our adult day•care right now is presently under construction; when completed we expect to have a state•of•the art social model day care for the town's frail elderly. The renovated facility will be able to enroll approximately 40 to 50 people a day. We are excited about offering various settings for the individual's needs and enjoyment.

Right now the Senior Division's greatest challenge is to meet the complicated, diverse problems and issues facing the older aging population. These issues are emotional and physical. Every day the Senior Division encounters seniors that are unable to keep up with the activities of daily living such as medical paperwork, repairs, basic housekeeping, personal appearance, hygiene, solitary confinement, depression. When these needs are not addressed, the outcome is usually a crisis situation that becomes increasingly debilitating. We are considering initiating an intervention unit with the hiring of more staff who can meet the needs of these seniors.

And what we •• Aurea will go into a little bit more detail about the complexities of that and maybe having a unit that is special to just helping these people that have such a vast need. And we do want to express our sincere appreciation for all of the support that you have given us and as senior programs come across your desk, we would ask and appreciate that you consider them seriously. And Here's Aurea Mackay.

MS. MACKAY:

Good afternoon. Thank you so much for inviting us. I'm going to

read something that I had prepared and I think I have given you, Legislator Stern, some copies, I don't know whether you passed them around yet or not. However, this is about the social worker in case management. The role of the social worker in case management is to inform clients and present them with options. This information needs to be presented with a sensitiveness, compassion and dignity. The elderly are proud of themselves and they were brought up to be self-sufficient and not to complain. Sometimes these issues become an obstacle to acceptance of entitlements or, as they said, welfare.

Most of the female elderly depend for all their needs from driving to paying bills on their husbands. Upon the death of the spouse, having to learn to manage the household sometimes becomes overwhelming, thus resulting in depression. Depression starts with isolation, refusing to get help, sleep deprivation or sleeping too much. The lack of appetite, socialization could cause them to start to lose interest. Paranoia may set in. The counselor or social worker can assist clients with issues, problems and obligations programs and note/note such as other supplemental insurance entitlements such as Medicaid, Food Stamps, HEAP, Safety Net Programs, emergency housing. Issues regarding transportation, utilities, Medicare Part D, Epic, Reverse Equity Mortgage, Property Tax and Consumer Affairs forms regarding fraud and legal issues. B, recertification or the preceding entitlements. C, case management to keep the client financially functioning and obtaining quality care, such as Medicaid overage payments. If the payments are not made by two weeks before the end of the month, their case will be •• will not be active on the first of the following months, and that is a big problem.

Now the home visits are for the homebound elderly, some home visits can be an eye opener, assessment may be needed to be connected to client with other agencies or services. For example, if the roof or any other type of construction needs to be repaired or replaced, the counselor or case manager should contact the Community Development Agency in the local area. Given the

information to the clients sometimes is not enough; It is better to make the call right away while the client still accepts the suggestion. Referrals are often made to other agencies. However, if the not-for-profit agencies defer from the referral source, the not-for-profit agencies should call back the resource or the referral. It is not enough to hand an application to a senior. The counselor or social worker needs to walk it through. Applications often appear ambiguous to the elderly. If the home bound elderly appears confused, in need of personal hygiene or in a high risk situation, or if the home appears decrepit, the counselor or social worker should make a referral to Adult Protection Services or to the Suffolk County Police Department or the Domestic Violence and Elder Abuse Section. The Counselor will need to make the case on their behalf in order for APS to assist the immediate need and priority. The counselor needs to educate the elderly regarding emergency needs, such as sometimes they call me, "Who do I call in case I fall or I have an emergency?" Well, call the police, that's, you know, the first thing that they should do, but a lot, they don't even know that.

What are the recommendations or the interventions? I suggest the Geriatric Case Management Team from all the government levels for the following; A, to check for the home bound elderly once or, if possible, twice per month. The purpose is to maintain the client's care on a continual basis and not let the client regress. B, clients nearby family members sometimes become problematic and hinder progress. Their adult children promise to help, but for whatever reason they don't, Possibly they have issues within their own family situation. In such cases, it is important for a caseworker to monitor a client's progress. C, regarding declaring a client incompetent, according to the law, only a psychiatrist can declare a person incompetent. Two evaluations are required. This law should be amended to provide for the security of the client while this process is taking place.

In Conclusion, it is important not to treat the seniors as children. They expect respect as do any other adult. However, the elderly will

accept assistance after establishing permission and trust with counselors, social workers or case workers; This maintains their dignity.

CHAIRMAN STERN:

Thank you.

MS. MACKAY:

Thank you.

CHAIRMAN STERN:

And thanks so much for being here today. I have just a couple of questions. The Adult Day•Care Program that's currently being planned, can you tell me just a little more about the program; how many clients you think it may serve and where do you see the funding for that program coming from?

MS. HARDY:

Well, we •• the Town of Huntington has had for 21 years now an Adult Day•Care Program that we had •• we have an average attendance of about 20 people a day presently. The town saw the need for the expansion because it's kind of an ideal scenario, if we can take care of people during the day then they could stay at home with their family while they go to work. So the new renovation will probably have about 40 people a day in its enrollment. A lot of that population does have cognitive impairment, Right now we have about 75% of our participants who have cognitive impairments. The rest would have physical frailty that they're really not able to function in our main center, so therefore the structured environment of the adult day•care is really perfect for them.

CHAIRMAN STERN:

And did you say before that this is going to be a social model adult day care program?

MS. HARDY:

That's correct, yes. And they pay, presently we have a fee of \$36 a

day and that would include when they come in in the morning. It goes from eight o'clock to four o'clock and in the morning they come in for a light continental breakfast from our nutrition program, they have a hot meal every day and then programs and activities throughout the day.

CHAIRMAN STERN:

One of the roles that I guess a visiting social worker plays is identifying potential problems and making a referral. Do you have any idea on the amount of referrals, if any, that were made to Adult Protective Services over the past month, six months, past year?

MS. MACKAY:

Well, I will average it about a month about two or three that we made. And I said that we have to make the case on their behalf because as you heard before, you know, prior to us, DSS was here and how they are so overloaded with cases on this •• this is what makes it a •• to make it a priority, you know, that the person is in danger, is at risk. And that's what I was saying, you know, even about the law, you know, about declaring somebody incompetent, that they have to have two evaluations and who is going to pay for this and all this, or even they go in to guardianship. In the meantime, the elderly who appears to be confused that perhaps has dementia, the symptoms, and everything is still at home, neglected because she's not eating or perhaps even putting the neighbor or the neighborhood at risk because they cook, they leave the stove on, they forget, you know, that kind of a thing. So it's a real issue now. As you have seen, the increase of the senior population in the Suffolk County area, I am amazed. I have gotten •• received calls from some of the seniors that they have moved here from New Jersey •• I mean from New Hampshire and then also from Queens, but, of course, you see, they have the network of transportation and that's the other problem that we have now, the main problem, transportation because it's very limited here on Long Island.

CHAIRMAN STERN:

And how many other social workers like yourself serve at the town?

MS. MACKAY:

Well, I am only myself, that's the problem.

CHAIRMAN STERN:

And that is a problem.

MS. HARDY:

The three of them; she, herself and her.

CHAIRMAN STERN:

Any questions? Okay, very good. Thank so much to the both of you for coming and spending some time with us today. We look forward to seeing you soon. Thank you.

MS. HARDY:

Thank you.

CHAIRMAN STERN:

Next, a welcome to Paul Hushin, Registered Pharmacist and owner of Lakeland Pharmacy who is going to bring us up•to•date on some of the things that he's seeing and maybe other members of the pharmacist's association, society that they're dealing with out in the community. Mr. Hushin, welcome.

MR. HUSHIN:

Thank you. The whole idea of Medicare Part D was a good one, it was to give additional coverage to those people who most needed it, you know, in our country. The problem with it was its institution, the way it began.

For instance, when we discuss this Medicare Part D, there are four groups of seniors that fit into this area. The first group is known as dual eligibles; those are the people who were on officially •• or were on Medicaid, New York State Medicaid entirely and they got all their drugs through Medicaid through the State, the State was reimbursed by monies from the Federal government. These people now, as of

January 1st, are no longer covered for most of their medications on Medicaid, they're now covered on Medicare.

Now, what happened was this information which was given out by the State arrived at my store December 31st with a program that was being initiated on January 1st, so the day before the initiation of the program we finally got brochures in English and in Spanish. The problem was is that if you look at the back of the brochure, it gives you a list of those insurance companies that they have decided would take care of Medicaid Medicare dual eligibles, which was the first group we're talking about, and on the back there's 14 companies and 14 different telephone numbers. So what you have to do is you have to •• they're going to put you in to one automatically; on dual eligibles they're automatically put in to one of these programs. If they didn't like it they could change. The problem is is how do you determine whether you like a program or you don't like a program?

So what you have to do is you've got to find out, you've got to get a piece of paper, you've got to write down all the medications that you're currently, because these 14 programs differ in disrespect, they have what is known as formularies, so they only allow you to use certain drugs. Now, if you're on a combination of nine, ten drugs that you're currently getting and you're on Medicaid, you may not be able to get some of those drugs on the program they put you into because it's not in their formulary. So what you would have to do •• and this is where it becomes almost impossible, especially for people on Medicaid and even Medicare •• is go into a computer situation, look at the plan, bring up their formulary on the screen and then determine whether or not all the drugs that you currently are taking are in that particular plan, because if they're not you're not going to get that drug.

What you have to do is then take a list of the drugs that are on the formulary, go to your doctor and then have your doctor change the drug that you're currently on to one that is in the formulary; this is an impossible scenario, it's an impossible scenario for not only

people who are, you know, on Medicaid/Medicare or anybody over the age of 65, there are a lot of people out there who are senior citizens who are not computer literate and they need help.

Now, I'm looking at this book from Huntington •• again, we're still talking about just the first class of people; in this book from Huntington, they're going to have a Medicare Drug Plan, how to access their web, they go to [http](http://www.medicare.gov) and so on, www.medicare.gov, fine. And then they give you a list of what to do, "Under this Medicare spotlight, scroll down to compare Medicare prescription drug plans and select it." Under the Medicare •• people, you're not going to get senior citizens or most senior citizens to be able to follow this.

That's the people who are on Medicaid that have been now dual eligible and they go on to Medicare. And whatever Medicare doesn't cover for these people, for instance, _Benzeldiasapines_ , barbiturates and over•the•counter drugs which are currently covered on Medicaid are not covered under Medicare. So in the pharmacy, as a pharmacist, I now have to make sure I am signed up with all of these plans on the back of this form, and if somebody comes in and I happen to be signed up with that particular plan, I then have to bill them for the drugs that are covered. And thanks to Governor Pataki, I can now bill the drugs that aren't covered to Medicare and so I'm being made whole for •• and they are keeping the same situation they had before. And Governor Pataki has already said he hasn't put a limit as long as the State is going to back up this program until things get stabilized.

That's where we're standing right now. By the way, of the 14 plans in the back, one plan called Unicare we've been calling for 31 days, we haven't been able to get through to them. Another plan, Pacific Care, an insurance company, we got through to them and they faxed me a 27 page contract which I then made out all the information, they wanted to know all kinds of personal things about me, the owner and so on and so forth, and then faxed it back to them and we still haven't gotten the reply and we faxed everything

back on the 25th but it took to the 25th to get the contract and they're telling me it takes at least another two to three weeks before they'll get back to me with the signed contract. That's dual eligibles.

Now you've got people like myself where my wife is a State employee, she works in the school district but we have insurance through New York State Employees, the Empire Plan. And I'm a senior citizen, so for me, I'm not signing up for Medicare because the Empire Plan that my wife gives me through her job allows me a better plan than Medicare could ever give to me. So I won't sign up for a Medicare Part D plan, I'll stay with what I have, even after she retires I'll still have that same plan. That's the second group of people. People who have plans that are better than the Medicare plan, they should not opt out of that plan, nor should they go and sign up for a plan because what's going to happen is the Medicare will go in first and they may find out that their copays and the amount they have to pay into it are going to be higher than they would if they stayed with their union plan. That's the second group of people.

The third group of people are those people who have the ability to understand what's going on and they have no drug coverage whatsoever. They're the ones that have to go through the whole situation and do everything for themselves because no one is going to make them whole; they have to figure this whole thing out for themselves.

The fourth group are the people who are on the New York State Epic Program; now there's an excellent program that's been working great all the way along. And thank God, again, those people who have gone into Medicare and they can't get their drugs covered, the State has said okay and Epic has said, "Okay, we will continue to cover for those drugs that Medicare won't cover." So this is what we're faced with.

Now, there's a total, according to this, of 57 plans out there; of

course only 14 were for the dual eligibles. Now, how you sit down and you unravel all of this is beyond anybody's approach. And what happened with us as pharmacists, forget about it. Now, there is one chain out there, Walgreen's, and I don't know how long it takes them, it says you come down and bring down a list of your medications and we will find out •• we won't do it here in the store level because the pharmacist has got enough to do just to fill prescriptions and do his job, but what we'll do is we'll send it to our office and have somebody look up on the computer and find out which plan comes closest to covering most of the drugs that you have.

The doctors at this point don't want to know anything about Medicare, they're not •• they don't want to hear it. They don't want to hear that a drug that they have picked out, a drug that they have assigned for a disease state, isn't covered by a plan because a plan feels that the doctor could use a cheaper drug, regardless of the fact that the drug has been working for ten years. We've got one doctor, Dr. _Fairy_ was treating a patient who's on a drug _Clausaro_ for schizophrenia, he's been on it for ten years, nine years he's been stable, nothing has happened and he's been stable, he's an actual working citizen working out very well. He went into Medicare and they say he has to use a generic, he's been on a generic for a week, he's back in the hospital. And there are other very, very sad stories out there about people who can't get drugs because they're not covered in formularies and they don't have the wherewithal to be able to manipulate the system the way it is.

I just got a fax the 31st, which was two days ago, they're telling me, there's a recommendation that if you're on •• if you're a Medicare enrollee, only sign up into plans before the 15th of the month because if you sign up for a plan after the 15th of the month you might not be eligible until next month. We only got this information two days ago and this plan has been in effect for over a month.

Things are beginning to stabilize somewhat. I mean, we're getting through it all. I don't have too many people now who at least are in

trouble or dire need of not getting their drugs. Luckily a lot of pharmacies were willing to give out medication until things got stabilized at their expense, and then when they got stabilized then bill the insurance company, if they would allow it. I think this whole thing will work out eventually, but I think the seniors right now do need a lot of extra help. And I'm hoping that, you know, things like go down to the senior center and we'll help you, you know, we'll have the pharmacist there or we'll have somebody there to talk you through this; those are the things that are going to do it.

Other than that, I really don't have that much more to report, I think that's more than enough. But I think the D stood for disaster, so you have to take it for what it was. Again, the plan •• there's nothing wrong with trying to help seniors and trying to get medications for them because they really need them, the problem was its implementation, very short•sighted. That's it.

CHAIRMAN STERN:

Thanks so much for being here. I have one question.

MR. HUSHIN:

Sure.

CHAIRMAN STERN:

One of the big problems that I have seen in the information that's being distributed, that's being offered to seniors and their families out in the community is that either it's way too general, or in many cases there are so many inaccuracies that seniors don't have the information they need to make these very important decisions. So I guess my question to you is if we assume that more information is necessary to get out to seniors and their families here in Suffolk County and assisting them with making these important decisions ••

MR. HUSHIN:

Right.

CHAIRMAN STERN:

•• what kind of information would you like to see in those kinds of programs? Is there anything that you would change ••

MR. HUSHIN:

Well, basically what you have to do ••

CHAIRMAN STERN:

•• in the information that's distributed.

MR. HUSHIN:

I'm sorry. Well, basically what you have to do is download the formularies on all the plans. Once you download it, so you've got, what, 56 pages? Once you have that information, then you can say, "Okay, now we've got a match now, we're going to match your drugs with the plans and see how close we get." You're on nine medications, two of them we can't get anywhere on any of the plans. You now have to go back to your doctor and see whether or not there are other drugs that are on these plans that will do the same thing that those drugs did for you. You've got to remember that these insurance companies, these pharmacy benefit managers, PBM's or whatever, they're in business to make money and they make money by getting kickbacks from manufacturers. They're not going to put a drug on their plan unless they're getting something in return, and that's where the problem is.

You know, everybody comes after the pharmacy, even the County Legislature just came after pharmacy by going out and issuing discount cards to all the citizens; they did it in Nassau County and now they're going to do it in Suffolk County. You know, my personal feelings about that is something else, I find it interesting that, you know, Suffolk County can go in and do something about taking the profits away from somebody's business. The thing that really bothers me, though, is that 93% of all the prescriptions I fill are already paid for by plans, the 7% that are paid for by cash are not going to make or break me because your discount is only between 10, 15%, whatever it may be. Now, there again, I deal with a product and I don't determine what I sell it for, that's been

predetermined for me. Who else deals in that type of professional situation where you come in and you have •• no matter what we do we can't do anything, we're gone, you've got us micromanaged so that our profits •• who else works as a professional gets between a dollar and a quarter and three dollars and 50 cents for a professional service, for a professional service?

I went to school for five years, you've got to go to school six years now to come out with a Pharm D. These guys don't even want to practice in this state because of the 45 state's that there are in the union, 45 allow pharmacists to do finger sticks to check a patient's blood glucose, to check their cholesterol, give immunizations; 45 states; five states don't. Guess what? We live in one that don't. I've been fighting this battle for eight years up in Albany. Eventually we're going to get it, but right now, you know, we can't do it. I just •• it just amazes me that I got myself into this profession and I'm able to survive in it. I'm able to survive in it, but only because I'm a good business man.

I'm sorry to burden you with this, but this was something that was really on my mind. You know, it's just mind boggling, you know. I just wanted to vent and I'm sorry to take up your time venting like that.

CHAIRMAN STERN:

No, that's ••

MR. HUSHIN:

But I think you should understand really what the pharmacist is up against. They want us •• you know, they want us to bang out 50 scrips an hour, 50 an hour and do counseling. I can't talk to ten people an hour and do proper counseling, and yet they want me to fill 50 scrips an hour and do proper counseling? We manage, we do it, we ask everybody, "Do you want counseling?" If they do, we have to go to the side and give the counseling.

As far as the Medicare thing, I get back to that issue so that •• I

don't want to use all my time venting. I think the best thing to do is be better prepared, make those lists, find out what's on those formularies and that should make •• and try and help the seniors that way, that's the best way to do it. Thank you very much for having me here, Steve.

CHAIRMAN STERN:

Sure. Legislator Mystal.

LEG. MYSTAL:

One question for you. My district is replete with senior citizens, and as of tomorrow I'm going to be 60 so I making it right into this thing. I've had in the past few weeks, in the past two weeks I've had a lot of senior citizens coming to my office sick in health. I have five senior complexes within a two mile radius in my district and they come to me. I am very computer literate, I'm considered a maven in computer, okay, I am that good. I thought I was that good until I tapped into the www.Medicare.gov. And the two ladies, I have two particular ladies who came in and I figured, well, you know, they can't deal with it because they're old and I'm computer literate, I'm bad at it, you know, until I encountered those 57 different formulas. It is impossible for anybody •• and, you know, I call Walgreen to find out what they do and how they're doing it, what they are doing is that •• what they have done is to put a cadre of people and they have constructed a database with all the different drugs, as many drugs as they can put in there and they're pretty comprehensive, they probably have 93% or 95% of all the drugs in the United States. And when you send your stuff to them, they send it to the office and that small group of people put your drugs into their database and it kicks it out ••

MR. HUSHIN:

Right, the plan.

LEG. MYSTAL:

•• the best formula for you, but the best formula does not necessarily answer all your questions. And that's where the other

part comes in with the two ladies who walk into my office, is that I say, "Okay, this plan seems to meet your need, it kind of does all your drugs except for two or three," and they say, "Well, we have to go with generic drugs or another drug." I'm not a pharmacist, I'm not a doctor, I don't know what other drug is good for them. So now they have to make an appointment with the doctor for the doctor to tell them •• I take one drug, I take Lipitor and Nexium. Now, the drug plan that we are on now as Legislators does not accept Lipitor.

MR. HUSHIN:

Yes.

LEG. MYSTAL:

It doesn't.

MR. HUSHIN:

Oh, it does not accept Lipitor.

LEG. MYSTAL:

It does not.

MR. HUSHIN:

Oh, okay.

LEG. MYSTAL:

I've been taking Lipitor for, I don't know, eight years and I have taken _Zircore_ , _Zircore_ gives me headaches so I cannot take anything except Lipitor. So I got this thing from •• which is a very good drug plan telling me. Now, I have to go to my doctor and my doctor is going to have to find a substitute. Well, my doctor said, "No, I don't want any substitute for you because we've tried everything else and nothing else works, it makes you sick, you have to stick with Lipitor."

MR. HUSHIN:

Okay. What you can do in that case is to call the plan and get

permission to use Lipitor if the doctor wants to spend the time to do it.

LEG. MYSTAL:

That's right, that's what I have to do. And then I have to pay a premium, because now instead of my copayment being \$10 for the Lipitor, it's going to be 25 to 30 because it's not in the plan. Now, this is •• you know, I don't know how to face it at a County level because I have a lot of seniors in my district and I have gotten •• and I'm not exaggerating; from January 1 to January 31st, I have gotten at least two to three phone calls a day from somebody saying, "What are they doing to me?" Now, I don't know what we can do on the County level, but whatever it is, I'm on board for it because I'm coming right around that crack.

MR. HUSHIN:

I'd be more than happy to help you, maybe we can come up with a solution, but I'm sure it's not going to come from the single person.

LEG. MYSTAL:

No, it's not.

CHAIRMAN STERN:

Cameron? Legislator Alden.

LEG. ALDEN:

Just one quick question, and maybe the Chairman would know or you would know. How does this affect people that are in nursing homes? Usually the nursing home handles the application.

MR. HUSHIN:

No, I just happen to •• my mother•in•law just went in to a nursing home recently. She's a retired postal worker, her husband was before he passed away. She has a _Care mark_ plan, the problem here is that they get medications on a daily, if not weekly basis, not on a monthly or tri •• three month basis. So what's happening is the nursing home is billing my wife at the present time \$1,800 a

month for her medications, because they refuse, the billing people refuse to put it through her prescription plan. Because the plan only pays for two prescriptions of the same drug in a store for a 21 day supply, then after that you've got to use mail ordered. And if you've got to use mail order, she needs the drugs every three to five days or every week, mail order gives you a three month supply but you've got to mail away and wait for the postman to bring it and hope that does not inclement weather to create a problem with that. But most of the time in the nursing homes they work it out so that if they're on Medicaid, Medicare they'll bill them automatically. If they're not on Medicare or Medicaid, if they're on a different plan, that becomes a problem. But I know that they're going to work it out, it's just a matter of getting on the pharmacy's end of it and having them bill it properly.

LEG. ALDEN:

Thank you.

CHAIRMAN STERN:

Mr. Hushin, thanks so much for being with us today.

MR. HUSHIN:

Thank you.

CHAIRMAN STERN:

Good to see you.

MR. HUSHIN:

I appreciate it.

CHAIRMAN STERN:

Next and last on our agenda today is a welcome to Tom Ronayne, Director of Veteran Services Agency in Suffolk County. Director Ronayne, great to see you.

DIRECTOR RONAYNE:

Good afternoon. Thank you for inviting me today.

CHAIRMAN STERN:

Sure, thanks so much for being here.

DIRECTOR RONAYNE:

Did anybody else notice that kind gesture on the part of Ms. Hardy when she brought the glass of water over for Mr. Hushin? I just thought that was so nice.

MS. HARDY:

It was nothing.

DIRECTOR RONAYNE:

And that will be the last time I digress, I promise. I did bring two handouts today, one of them I think is more just along the lines of general information that would interest the Legislators, and the other one is very simply a brief printout of the values of the means that I had discussed the last time that I was here with regard to VA eligibility.

But that being said, thank you for the invitation to be here today. I promise to be brief. I have very few things to discuss. I did speak with your office and I was asked to speak briefly just on the Legislative conference that I attended recently in Albany. We spent two days attending service officer workshops and schools and receiving some up•to•date training and so forth. I was loaded for bear to spend the day on Monday up at the Capital and we had nearly a foot of snow on Monday and a great many of the down state Legislators were not able to attend, unfortunately. I did have an opportunity to meet with Assemblywoman Fields, with Senator Flanagan and with Assemblyman Englebright and I was able to bring to them some of the things that we are concerned of •• concerned with or interested in in Suffolk County, primarily the Global War on Terrorism Expeditionary Medal, real property tax exemption that is pending in the State, and support of HR 4264 which is a bill currently in the House of Representatives; I apologize for not having copies printed, I will forward them to the members.

In essence, what this bill provides is for the next three calendar years •• '06, '07 and '08 •• to provide \$25 million in mandated funding to be dispersed to the various states as pass•thru grants, and this money would be mandated to pass•thru from the states directly to County veteran service agencies to support specific programs. And I probably will say to you that the laundry list of programs that this money is intended to support reads as our initiatives do, with the homeless female minority, certain outreach programs that we're in the process of implementing already. This money is earmarked and intended to fund exactly those programs, so I'm confident that should this bill succeed we'll •• if the division of the money, if it's divided equitably based on veteran population, we stand to be the beneficiary given that we're the largest veteran population out there.

Legislatively, that's really all that I have. I just would like to •• I don't know if you've gotten the handout yet, but I'd like to make mention that when we had spoken last month I had mentioned that the VA's current cutoff for income to register if you're not a service •connected disabled veteran, you're just a veteran who •• whether you're a piece•time, war•time, combat vet, it makes no difference; if you don't possess a service•connected disability, the cutoff for a married veteran in the VA •• and yes, you are reading that correctly •• is \$32,286. Okay? I don't know anybody on Long Island married making \$32,000 is flushing •• nee worry about things like being accepted into the VA. But I thought that was an interesting statistic and I just wanted to give you hard numbers versus the estimate that I had projected the last time that I was here.

I'd also like to say very briefly that we did receive from the State Division of Veterans Affairs notification that the State aid is continued for County and city veteran service agencies. While it doesn't amount to a great deal of money, in our case it is \$37,500 a year, we will happily accept it, it helps us.

Let's see, we have been continuing with some of the new outreach programs that we've been discussing and I'm happy to say that we've begun to see that they are bearing fruit. We've had some of the homeless veterans communicating with us, I actually spent about half of my day yesterday in the field, in the communities attempting to make contact with and identify some of these folks. And going forward, I think we have a real valuable program here that everybody in my office is excited about and working hard toward implementing.

I would also like to report that we are required by the State Division of Veterans Affairs to report on a monthly basis to the State our client contact, and it's broken down into several categories; telephonic, mail and in•person. We're going to be adding several categories now because of the extent of the field work that we'll be doing, but just to give you a sense, our numbers for •• I can only give you 2005 versus 2004, the prior year. In the first half •• overall we made contact last year with 20,660 veterans versus 18,367 in the prior year, which is an increase of 2,293 veterans. That's almost •• that's over 2,000 veterans that we didn't contact the year before, so I'm very happy with that. The statistics for last year breakdown, January through June, 9,919 contacts; and the second half of the year we were up to 10,741, so we are definitely reaching out and touching these veterans, we're finding people that we hadn't been finding in the past and our intent is to continue full speed ahead and find these folks and help them however we can.

LEG. EDDINGTON:

I've got a question.

CHAIRMAN STERN:

Mr. Vice•Chairman?

LEG. EDDINGTON:

And I don't know if you have this information and maybe you can direct me where I can get it. I'm interested in knowing when a

person is deployed that's I guess in the reserves or the National Guard, they get the military pay; is there anything provided to supplement the family when they're deployed? Like say they were making 70,000 and now they're on active duty for nine months or so.

DIRECTOR RONAYNE:

There's no provision that exists to make up that differential per se. If a soldier is making \$75,000 a year, he gets deployed, he's extracted from his civilian role and he's now earning \$25,000, there's nothing in place to fill that void. There are some allowances, they call them benefits and allowance; combat pay, certain •• above a certain rank you do receive a family separation allowance if you're married with dependents, but you're talking about tens of dollars, in some case hundreds of dollars, certainly nothing approaching making up that differential.

LEG. EDDINGTON:

Right, I understand. Okay, I'd like to know •• I know certainly Long Island has the largest Vietnam veterans group in the country, we have more veterans here. I'm wondering how many people are being deployed from Long Island? And then, what are our losses when we have service personnel coming back? I'd like to know •• like people that have been injured or disabled and that are here now, I'm sure you'll be dealing •• you're dealing with that. But also some statistics on that, based on how many •• I want to know are more people being deployed from our area than say another area? If that's possible.

DIRECTOR RONAYNE:

That demographic, really it's been fairly constant for literally generations, and New York is one of the five top states of service. Long Island has always been disproportionately represented in the armed services, be it patriotism, be it family history, Long Island has a history of veterans and service and therefore you're more inclined if you've got a family history to serve. We do have large numbers. What I can do is, if you can indulge me and give me a little bit of

time, I'll try and put some sort of a package together with hard numbers. The Department of Defence is very tight lipped about real numbers, we can get estimates and projections and all the other ••

LEG. EDDINGTON:

That would be fine. Just for, you know, to be able to answer questions when people •• I mean, I have a neighbor that's being redeployed and I have them over my house asking me, "We're getting more calls. How come he has to go back?" And I figured the more information I have the better I'll be able to do my job. So even if it's estimates, I would appreciate that.

DIRECTOR RONAYNE:

I'll put a presentation for you together and I'll forward it to your office before our next meeting.

LEG. EDDINGTON:

Thank you very much.

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

Just something to mention. Some of the American Legion Posts in my district are a little bit frustrated and I guess the AmVets and DAV's because they can't get any information from the Federal government either on the guys that are coming back to try help them out, because some of them do have a lot of different programs and they're very frustrated. Like you said, the DOD is •• they're not giving out any information.

DIRECTOR RONAYNE:

The DOD and the respective services are citing security issues and they consider reporting on troops returning to home or to the home region to represent troop movements and they •• for security reasons they won't do that. We have found •• we've had some success in working with the various reserve centers and military

units in and around Long Island and just developing, establishing a rapport with these units. And you get a phone call, we get •• you know, you get an e•mail saying, "We have buses returning on such and such a day." Even from my office, that's largely how we find out about these guys returning.

Another problem that we have is the Army, for example, virtually everybody on the east coast comes back in now into Fort Dix and they're not returning home en masse. We used to have people come home, prior to this war, they would come home by the plane load or the multiple bus loads. Now as the units are out processed at Fort Dix, the guys don't want to sit down, they're waiting two and three weeks before the Army provides a bus home, so they're renting cars, their wives, the moms are driving down and picking them up and they're returning home in two's and three's versus tens of hundreds which makes it more difficult.

But I appreciate the frustration that the Veteran Service organizations are feeling because they are out there trying to do the good work and the information is tough to come by. I can assist them to some degree through my office, but you can't fight city hall, they don't want to release the numbers, there's nothing we can do about it.

CHAIRMAN STERN:

Mr. Vice•Chairman.

LEG. EDDINGTON:

And I just wanted to validate what my colleague said. Because I've had •• I'm a member of the American Legion and the Vietnam Veterans and both of those groups have talked to me about this very thing and that's part of what's stimulating my request for you •
• from you. Thank you.

DIRECTOR RONAYNE:

Thank you. I will get the information to you.

CHAIRMAN STERN:

Okay. Director Ronayne, thanks again so much for being with us, and I'll look forward to seeing you soon.

DIRECTOR RONAYNE:

Thank you very much. I appreciate your commitment, this is quite impressive to see a panel convened at this hour of the day, I appreciate that.

LEG. ALDEN:

There's one more coming in after this.

CHAIRMAN STERN:

Oh yeah, sure.

LEG. MYSTAL:

No, they're meeting already.

CHAIRMAN STERN:

Yeah, then we have to go back in. But thank you to everybody who came and spent some time with us today, it was good to see everybody.

MR. STONER:

I actually filled out a yellow card, I think it got misplaced possibly.

CHAIRMAN STERN:

Step on up.

MR. STONER:

I'll keep it brief, I promise. Will Stoner, AARP. Sorry to interject myself.

CHAIRMAN STERN:

No, I'm glad you did.

MR. STONER:

But I think some you will be happy to hear what i have to say. I

am from AARP, but I want to start by commending the new Legislators on this body. I've had past experiences with the other two working on a number of issues for the American Cancer Society, that's how •• in what capacity I was previously, working to ban smoking in work places and also increase the tobacco purchase age. Are you still smoke•free, Legislator Mystal?

LEG. MONTANO:

(Inaudible).

MR. STONER:

Okay; shame, shame. So in that capacity I worked very hard to increase longevity of individuals by encouraging them to quit smoking, so now I figure I work for an organization to make it worth the trip.

And i want to commend Paul Arfin also for the Chairmanship of the Commission. I think his chairmanship really is transcended by his unrelentless drive to improve the lives of seniors in Suffolk County and hopefully Long Island and New York State, I think some of his initiatives will take off.

I want to offer myself as a resource to all of you for issues dealing with people 50 and older and in that capacity, on the issue of Part D which is very confusing for a lot of people for a number of reasons. Legislator Mystal, I do presentations in the community, I'd be more than happy to come to your senior centers and make a presentation.

LEG. MYSTAL:

Yes.

MR. STONER:

I've have made several and I've heard good feedback by the time I'm done, they actually understand what next steps they can and should take to improve their situation when it comes to their prescription drug concerns. And I want to commend Mr. Hushin,

too, as a pharmacist •• oh, he left. It's like trying to fly a kite in a tornado with this transition to Part D, especially for the dual eligibles on Medicaid, being transferred over to Medicare.

So to add one thing, he forgot one group, there are retirees who have current prescription drug coverage, but it may not be as good or better than the Part D plan which is not creditable it's called; not credible, creditable. And it's confusing because people are like, "Well, I have coverage, do I need to get this Part D," and the answer is yes or no, they have to make that decision for themselves.

We're encouraging people to look at their finances, look at what drugs they're taking and consider Part D because they can save some money. If it's not as good as Part D, then clearly they could be saving money if they were on Part D. And that's how that •• I'll just leave that at that without going into too much detail. They should check to see if a plan is right for them.

If a drug •• and then the issue of the non•formulary drug coming up, someone that was prescribed a drug and it's not on their formulary and they've had problems. There is a process in place, the good news is there is a process where their doctor can make an appeal to their prescription drug plan and encourage them to cover that drug and the doctor just has to make a recommendation. So thank goodness there are processes like that in place.

So let me just once again offer myself as a resource to all of you. You know, I hope in the past I feel we've had a pretty good relationship when it comes to information on issues. And going forward, as a representative of AARP I'm going to do everything I can to make sure you have the information you need so your constituents have as much information as they need to help themselves. One of these is in all of your mailboxes with my business card, you can call me directly if you want me to come and speak to a group, I'm more than happy to do it, I'll put it on my agenda.

And as one last note, the Yaphank project •• this is going way off base, but something for this committee to consider for sure as it moves forward in how it relates to seniors is universal design so people can age in place. I think this is a great opportunity for the County moving forward for this project, but consider aging in place so when people are in these homes and they have limited means or even if there's some high end housing available, consider how well people are going to be able to live there long•term. And I can provide some information at a later date about what universal design means, but you may be hearing from me more often on that issue.

CHAIRMAN STERN:

Mr. Stoner, are you suggesting that in the design phase that developers look to model it on like a continuing care retirement community, a CCRC type of model where somebody can live independently and then maybe with some assistance and then ultimately a higher level of care; that's what you're suggesting?

MR. STONER:

Yes, exactly. Yeah, so people can stay in their homes as long as possible and out of nursing homes which, as we all know, is subsidized a great deal by Medicaid. And keeping them in their homes and getting Medicaid services in their homes for the same services that they would get in a nursing home facility saves the State and the local municipalities and great deal of money. And people •• when we ask our members, you know, it's in the 90th percentile of people that want to stay in their homes; go figure. So just something to keep in mind.

But once again, you know, thanks for the few minutes to introduce myself. And for those of you that knew me in a recent •• or earlier capacity, I'm now with AARP, I'm the Associate State Director and I look forward to helping you in any way I can.

CHAIRMAN STERN:

Okay. Yes, thanks so much for coming. I'm looking forward to working with you. Thank you.

Very good. Motion to adjourn.

LEG. MYSTAL:

Second.

CHAIRMAN STERN:

Very good. We are adjourned.

(*The meeting was adjourned at 4:09 P.M.*)

***Legislator Steve Stern, Chairman
Veterans & Seniors Committee***

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